

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586467

5-1-02

CLAIMS

| | AS FILED | | AFTER | | AFTER | |
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| | 1 ST AMENDMENT | | 2 ND AMENDMENT | | | |
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| | AS FILED | | AFTER | | AFTER | |
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